

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 11/26/01?
  - b. The request was received on 03/01/02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60
  - b. HCFA's
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 05/21/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/22/02. The insurance carrier did not submit a 14-day response.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: undated letter  
“(Provider’s) chart notes supports payment per the MAR guidelines in the multiple surgical procedure rules p. 64 for provided services. This states the second procedure proximal to the primary procedure is to be reimbursed at 50% of MAR.”
2. Respondent: no written statement of position submitted

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1&2), the only date of service eligible for review is 11/26/01.
2. Per phone call with provider's representative, the only issue remaining is one unit of CPT code 64413, one unit has been reimbursed at MAR.
3. The EOB lacks a denial code and the dispute will be viewed as if denied "F."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
11/26/01 11/26/01	64413 64413	\$245.00 \$245.00	\$121.00 \$0.00	None None	\$121.00 \$121.00	MFG, SGR (I)(D)(1)(b) & (I)(E)(4)(a), CPT descriptor	The provider billed CPT code 64413 twice. The carrier reimbursed once and cites Medicare in its response concerning the second time the CPT code is billed. Based on the referenced Surgery Ground Rules in the Texas Workers' Compensation Commission; Medical Fee Guideline, 1996, the performed procedure can be billed bilaterally. Although the provider failed to include the modifier -50 on the second CPT code, the provider should receive reimbursement of 50% of MAR as requested on the TWCC-60. Therefore, additional reimbursement of \$60.50 is recommended.
<b>Totals</b>							The Requestor is entitled to additional reimbursement in the amount of <b>\$60.50</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$60.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18<sup>th</sup> day of June, 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.